		DR NY YOUR
UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Page 1 of 6
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
		18 APR 18 PM 1:24
Name: Werner Lange	Daytime Telephont	
New Member of or Candidate for State:	Check if	Office Up Only
	Amendment	(Onice Ose Only)
STATUS New Officer or Employee Staff File Employing Office:Shared	Staff Filer Type (If Applicable): Shared Principal Assistant to April 2, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No 3. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes X No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - ANSWER BOTH OF THES	TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded ${\sf ext}$ and ${\sf certain}$ of the results of the trusts.	Have you excluded Yes No X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they me littee on Ethics.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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				Examples: Simon & Schuster	Mega Corp Stock	EF	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rential and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rential income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	or bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the resorting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	which generated more than \$200 in "uneamed" ncome during the year.	Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting pendo, and (b) any other reportable asset or source of income	Assets and/or Income Sources	BLOCK A
							None	>	J	_	9 nd			
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			Partnership Income	Royalties			TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			"None" if the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends,	O)	
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		<u> </u>		+	 		\$1,001-\$2,500	-) XII is for assets held by your spouse or dependent child in which you have no interest	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: としゅうちゅう range Page 잌 0

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

		Cengage Publishini	Infoline	TIAA / CREF	United church of Christ Pension	STRS (ohio)	Mutual & America	Social Security	Walsh University	Ashland University	EXAITIPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for Horioralia)	Course (include date of receipt for hoperaria)
	,	Royaltes	Salvey	Re tirement) et remut	Retirement	Retirement	Retirement	Salary	Salary	Spouse Speech Spouse Salary	Honorarium Salary	Type	Tuna
		0	0	\$1,800	*500	\$ 6, 600	\$ 5, 800	\$6,000	\$ 1,336	44246	\$0 N/A	\$0 \$20,000	Current Year to Filing	
		22/4	\$5,500	\$7,630	\$2,275	\$25,492	\$14,400	£27,200	F8 200	\$21, 532	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

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LIABILITIES
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exceeded \$10,000.

Name: Werner ななり Page 3 9 Ø,

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting *Column K is for liabilities held solely by your spouse or dependent child.

	DC, JT	
Example		
LISC DRING WHITE BLUE CHARLES	Creditor	
2/80	Liability Incurred MO/YR	
mulgage on nema noberty, bover, be	Type of Liability	
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	Over \$50,000,000	<u>-</u>
	Over \$1,000,000* (Spouse/DC Liability)	*

SCHEDULE E - POSITIONS

political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or

penda asid the culterit calendar year. The year candidates	period and the current year. The year candidates and new emproyees report positions new in the current year and two previous years.
Position	Name of Organization

SCHEDULE F - AGREEMENTS (Non*)

	Name: Verner Face Page C of C
dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a amployer.	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former amployer.
Date Parties to Agreement	Terms of Agreement
CHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	OF \$5,000 PAID BY ONE SOURCE
deport sources of compensation received by you or your business affilingustomers of any corporation, firm, partnership, or other business enterprovernment and any information considered confidential as a result of a	Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and sustomers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. yovernment and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Doe Jones & Smith, Hometown, Homestate	Accounting Services
PPA STRUCK A. I.	